



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Robert Bertram Ogle, Jr. and Arvind Halliyal
Assignee: Advanced Micro Devices, Inc.
Title: Process For Treating ONO Dielectric Film Of A Floating Gate Memory Cell
Serial No.: 09/927,134 Filing Date: August 10, 2001
Examiner: Weiss, H. Group Art Unit: 2814
Docket No.: M-7525 US Client Ref.: D897

San Jose, California
August 5, 2002

Attn: Official Draftsperson
COMMISSIONER FOR PATENTS
Washington, D. C. 20231

SUBMISSION OF FORMAL DRAWINGS

Dear Sir:

Applicants submit three (3) sheets of formal drawings, consisting of Figures 1, 2 and 3, in the above-named application. If there are any questions regarding these drawings, please call the undersigned at (408) 453-9200.

EXPRESS MAIL LABEL NO:

EL 945 229 169 US

Respectfully submitted,

Norman R. Klivans

Norman R. Klivans
Attorney for Applicants
Reg. No. 33,003

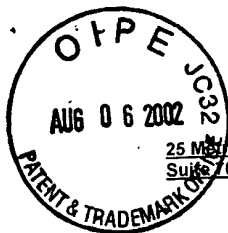
LAW OFFICES OF
SKJERVEN MORRILL LLP

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Docket No.: M-7525 US

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Commissioner For Patents
Washington, D.C. 20231

Re: Applicants: Robert Bertram Ogle, Jr. and Arvind Halliyal
Assignee: Advanced Micro Devices, Inc.
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Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Return Receipt Postcard;
- (2) This Transmittal Letter (in duplicate);
- (3) Response to Office Action (7 pages);
- (4) Petition for Extension of Time (1 page);
- (5) Request to Amend Drawings Under 37 CFR § 1.121 (1 page);
- (6) Red-lined Drawings (1 sheet) consisting of Figs. 1 and 2;
- (7) Submission of Formal Drawings (1 page); and
- (8) Formal Drawings (2 sheets) consisting of Figs. 1, 2 and 3.



No additional fee is required.



The fee has been calculated as shown below:

CLAIMS AS AMENDED

| | Claims Remaining <u>After Amendment</u> | | Highest No. Previously <u>Paid For</u> | | Present <u>Extra</u> | <u>Rate</u> | Additional <u>Fee</u> |
|--|--|-------|--|---|-------------------------|-------------|-----------------------|
| Total Claims | 18 | Minus | 20 | = | 0 | x \$18.00 | \$ 0.00 |
| Independent Claims | 2 | Minus | 3 | = | 0 | x \$84.00 | \$ 0.00 |
| <input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application | | | | | | | \$ |
| <input checked="" type="checkbox"/> Fee for Request for Extension of Time | | | | | | | \$ 110.00 |
| <u>Total additional fee for this Amendment:</u> | | | | | | | \$ 110.00 |
| <input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested. | | | | | | | \$ |
| <input checked="" type="checkbox"/> Please charge our Deposit Account No. 19-2386 in the amount of | | | | | | | \$ 110.00 |
| <input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 19-2386. | | | | | | | \$ |
| Total: | | | | | | | \$ 110.00 |

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